

PART B - FEE(S) TRANSMITTAL

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22850 7590 02/08/2007

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| (Depositor's name) | |
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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/518,538 | 12/30/2004 | Akio Nodera | 263152US0PCT | 9530 |

TITLE OF INVENTION: THERMOPLASTIC RESIN AND FORMED PRODUCT

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 05/08/2007 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-------------------------------|----------|----------------|
| SANDERS, KRIELLION ANTIONETTE | 1714 | 524-492000 |

| | |
|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 1 <u>Oblon, Spivak, McClelland, Maier & Neustadt, P.C.</u> |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

IDEIMITSU KOSAN CO., LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TOKYO, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

| | |
|--|--|
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| <input checked="" type="checkbox"/> Issue Fee | <input type="checkbox"/> A check is enclosed. |
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| 5. Change in Entity Status (from status indicated above) | <input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | <input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). |
|--|--|---|

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Authorized Signature Joseph Scafetta, Jr. Date APR 03 2007
Typed or printed name Joseph Scafetta, Jr. Registration No. Reg. No. 26,803

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